



General Assembly

Substitute Bill No. 425

February Session, 2012

* SB00425PH 033012 *

AN ACT CONCERNING A BASIC HEALTH PROGRAM.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective from passage*) (a) Not later than January 1,
2 2014, the Special Advisor to the Governor on Healthcare Reform, in
3 consultation with the Commissioner of Social Services, shall, within
4 available appropriations, establish and implement a basic health
5 program in accordance with Section 1331 of the federal Affordable
6 Care Act. On and after January 1, 2014, all individuals under sixty-five
7 years of age with income not exceeding two hundred per cent of the
8 federal poverty level, and who are ineligible for medical assistance
9 pursuant to Title XIX of the Social Security Act, and otherwise eligible
10 for medical assistance under Section 1331 of the Affordable Care Act,
11 shall be eligible for medical assistance under a basic health program.
12 For purposes of this section and section 5 of this act, "Affordable Care
13 Act" means the Patient Protection and Affordable Care Act, P.L. 111-
14 148, as amended by the Health Care and Education Reconciliation Act,
15 P.L. 111-152, as both may be amended from time to time, and
16 regulations adopted thereunder.

17 (b) Medical assistance provided through the basic health program
18 shall include the benefits, limits on cost-sharing and other consumer
19 safeguards that apply to medical assistance provided in accordance
20 with Title XIX of the Social Security Act, unless the special advisor

21 determines that the cost of medical assistance provided to enrollees in
22 the basic health program will exceed the federal subsidies available to
23 the state to fund the program. If the special advisor so determines, the
24 special advisor, in consultation with the commissioner, shall develop
25 and submit a plan, in accordance with section 2 of this act, for the basic
26 health program that maximizes benefits and minimizes cost-sharing,
27 utilizing funds available from federal subsidies and not using state
28 funds to fund the program.

29 (c) To the extent that federal funds received for the basic health
30 program exceed the cost of medical assistance that would otherwise be
31 provided to program enrollees pursuant to Title XIX of the Social
32 Security Act, the Commissioner of Social Services, to the extent
33 permitted under federal law, shall use the excess of such federal funds
34 to increase reimbursement rates for providers serving enrollees
35 receiving benefits pursuant to the basic health program. The
36 Commissioner of Social Services, in consultation with the special
37 advisor, shall increase reimbursement rates so as to maximize access to
38 needed health services. The Commissioner of Social Services, in
39 consultation with the special advisor, shall establish a committee
40 charged with making recommendations to (1) keep provider rates
41 competitive, (2) provide payment incentives that increase access to
42 primary care offices as an alternative to emergency room care, and (3)
43 streamline paperwork. The committee shall be comprised of
44 representatives of the Department of Social Services, Office of Health
45 Reform and Innovation and providers who participate in the basic
46 health program and Medicaid.

47 (d) The Special Advisor to the Governor on Healthcare Reform, in
48 consultation with the Commissioner of Social Services, shall take all
49 necessary actions to maximize federal funding and seek any necessary
50 approvals from the federal government in connection with the
51 establishment of a basic health program.

52 Sec. 2. (*Effective from passage*) (a) Not later than November 1, 2012,
53 the Special Advisor to the Governor on Healthcare Reform, in

54 consultation with the Commissioner of Social Services, shall submit a
55 plan for the establishment and implementation of a basic health
56 program to the joint standing committees of the General Assembly
57 having cognizance of matters relating to public health, human services,
58 and appropriations and the budgets of state agencies.

59 (b) Not later than thirty days after the date of their receipt of such
60 plan, the joint standing committees shall hold a public hearing. At the
61 conclusion of the public hearing, the joint standing committees shall
62 advise the special advisor of their approval, denial or modifications, if
63 any, of the plan.

64 (c) If the joint standing committees do not concur, the committee
65 chairpersons shall appoint a committee of conference which shall be
66 composed of three members from each joint standing committee. At
67 least one member appointed from each joint standing committee shall
68 be a member of the minority party. The report of the committee of
69 conference shall be made to each joint standing committee, which shall
70 vote to accept or reject the report. The report of the committee of
71 conference may not be amended. If a joint standing committee rejects
72 the report of the committee of conference, that joint standing
73 committee shall notify the special advisor of the rejection and the
74 special advisor's plan shall be deemed approved. If the joint standing
75 committees accept the report, the committee having cognizance of
76 matters relating to appropriations and the budgets of state agencies
77 shall advise the special advisor of their approval, denial or
78 modifications, if any, of the special advisor's plan. If the joint standing
79 committees do not so advise the special advisor during the thirty-day
80 period, the plan shall be deemed approved. Any plan submitted to the
81 federal government pursuant to this section shall be in accordance
82 with the approval or modifications, if any, of the joint standing
83 committees of the General Assembly having cognizance of matters
84 relating to public health, human services, and appropriations and the
85 budgets of state agencies.

86 Sec. 3. Subsection (a) of section 17b-261 of the 2012 supplement to

87 the general statutes is repealed and the following is substituted in lieu
88 thereof (*Effective from passage*):

89 (a) Medical assistance shall be provided for any otherwise eligible
90 person whose income, including any available support from legally
91 liable relatives and the income of the person's spouse or dependent
92 child, is not more than one hundred forty-three per cent, pending
93 approval of a federal waiver applied for pursuant to subsection (e) of
94 this section, of the benefit amount paid to a person with no income
95 under the temporary family assistance program in the appropriate
96 region of residence and if such person is an institutionalized
97 individual as defined in Section 1917(c) of the Social Security Act, 42
98 USC 1396p(c), and has not made an assignment or transfer or other
99 disposition of property for less than fair market value for the purpose
100 of establishing eligibility for benefits or assistance under this section.
101 Any such disposition shall be treated in accordance with Section
102 1917(c) of the Social Security Act, 42 USC 1396p(c). Any disposition of
103 property made on behalf of an applicant or recipient or the spouse of
104 an applicant or recipient by a guardian, conservator, person
105 authorized to make such disposition pursuant to a power of attorney
106 or other person so authorized by law shall be attributed to such
107 applicant, recipient or spouse. A disposition of property ordered by a
108 court shall be evaluated in accordance with the standards applied to
109 any other such disposition for the purpose of determining eligibility.
110 The commissioner shall establish the standards for eligibility for
111 medical assistance at one hundred forty-three per cent of the benefit
112 amount paid to a family unit of equal size with no income under the
113 temporary family assistance program in the appropriate region of
114 residence. Except as provided in section 17b-277, the medical
115 assistance program shall provide coverage to persons under [the age
116 of] nineteen years of age with family income up to one hundred
117 eighty-five per cent of the federal poverty level without an asset limit
118 and to persons under [the age of] nineteen years of age and their
119 parents and needy caretaker relatives, who qualify for coverage under
120 Section 1931 of the Social Security Act, with family income up to one

121 hundred eighty-five per cent of the federal poverty level without an
122 asset limit. On and after January 1, 2014, and contingent upon the
123 implementation of a basic health program with the same benefits,
124 limits on cost sharing and other consumer safeguards provided under
125 Title XIX of the Social Security Act, coverage shall be provided to
126 parents and needy caretaker relatives of persons under nineteen years
127 of age, who qualify for coverage under Section 1931 of the Social
128 Security Act, with family income up to one hundred thirty-three per
129 cent of the federal poverty level without an asset limit. Such levels
130 shall be based on the regional differences in such benefit amount, if
131 applicable, unless such levels based on regional differences are not in
132 conformance with federal law. Any income in excess of the applicable
133 amounts shall be applied as may be required by said federal law, and
134 assistance shall be granted for the balance of the cost of authorized
135 medical assistance. The Commissioner of Social Services shall provide
136 applicants for assistance under this section, at the time of application,
137 with a written statement advising them of (1) the effect of an
138 assignment or transfer or other disposition of property on eligibility
139 for benefits or assistance, (2) the effect that having income that exceeds
140 the limits prescribed in this subsection will have with respect to
141 program eligibility, and (3) the availability of, and eligibility for,
142 services provided by the Nurturing Families Network established
143 pursuant to section 17b-751b. Persons who are determined ineligible
144 for assistance pursuant to this section shall be provided a written
145 statement notifying such persons of their ineligibility and advising
146 such persons of the availability of HUSKY Plan, Part B health
147 insurance benefits.

148 Sec. 4. (*Effective from passage*) For the fiscal years ending June 30,
149 2014, and June 30, 2015, fifty per cent of any savings from reducing
150 coverage for HUSKY Plan, Part A parents and needy caretaker
151 relatives to those with family incomes not greater than one hundred
152 thirty-three per cent of the federal poverty level shall be used to
153 increase reimbursement rates for providers serving individuals
154 receiving benefits pursuant to the basic health program.

155 Reimbursement rates shall be increased pursuant to this section so as
 156 to maximize individuals' access to needed health care services.

157 Sec. 5. (NEW) (*Effective from passage*) There is established an account
 158 to be known as the "basic health program account", which shall be a
 159 separate, nonlapsing account within the General Fund. The account
 160 shall contain any moneys required by law to be deposited in the
 161 account. Moneys in the account shall be expended by the
 162 Commissioner of Social Services, in consultation with the Special
 163 Advisor to the Governor on Healthcare Reform, for the purposes of
 164 operating a basic health plan in accordance with Section 1331 of the
 165 Affordable Care Act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	New section
Sec. 2	<i>from passage</i>	New section
Sec. 3	<i>from passage</i>	17b-261(a)
Sec. 4	<i>from passage</i>	New section
Sec. 5	<i>from passage</i>	New section

Statement of Legislative Commissioners:

In section 1(c), in the first sentence, "commissioner" was changed to "Commissioner of Social Services" for consistency of reference in said section; in the second sentence of section 2(b), "a public hearing" was changed to "the public hearing," for clarity; and in the last sentence of section 5, "in conformance with" was changed to "in accordance with" for accuracy and statutory consistency.

PH *Joint Favorable Subst.*